



**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/721,817
Filing Date	11/24/2003
First Named Inventor	Paul Dozoretz
Title	INTEGRATED ABSOLUTE AND . .
Art Unit	
Examiner Name	Unknown
Attorney Docket Number	16458-066

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27479

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record** (if assignee, put name, title and company name in the "Name" space below)

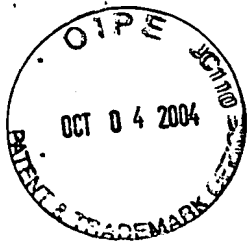
Name	GARRY HOLCOMB
Signature	
Date	9/2/04
Telephone	303-494-5558

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of four forms are submitted.

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PTO/SB/81 (06-04)

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**SIGNATURE of Applicant or Assignee of Record** (if assignee, put name, title and company name in the "Name" space below)

Name OLE WENZEL

Signature

Date 30.8.2004

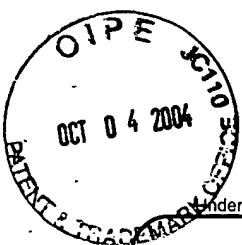
Telephone 45 44929299

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**SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)**

Name

PAUL DOZORETZ

Signature

Date

9/13/04

Telephone

303-449-9861

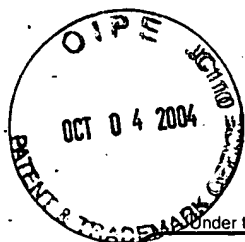
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Name YOUFAN GU

Signature

Date

9-30-04

Telephone

302-449-9861

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